

Fee: \$10.00

APPLICATION FOR MASSAGE THERAPIST

Name: _____

Address: _____

Telephone: _____

Location of Business: _____
(where you will be employed) Address

Have you completed a 500 hour course of study at an institution approved by the ABMP or the AMTA? Yes___ No___

Enclose documentation of the course of study and documentation that the institution has ABMP and/or AMTA certification.

Have you practiced massage therapy preceding the filing of this application?

Name of location _____

Address: _____

Board of Health will be requesting a **CORI** Check.

Signature: _____ Date: _____

Provide proof of a negative Tuberculin test

Enclose Photo Copy of your Driver License

Permit expires December 31st and is renewable annually